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ABSTRACT

Evaluated was the effectiveness of a 10-session parent training program to instruct three sets of parents in methods of behavioral management techniques with their emotionally disturbed children (ages 5- to 8-year-old) who were receiving short term treatment in a residential facility. Home visits before and after training recorded rates of compliance by the child with parent requests and types of parent responses. The training program consisted of structured sessions including reading assignments, lectures, discussions, staff demonstrations, parent demonstrations, observing defined behaviors, recording baseline behaviors, implementing behavior modification techniques and measuring the degree of changed behaviors. Results indicated an increase in positive responses by all parents and a significant increase in compliance rates by two of the three children. Results suggested the usefulness of such parent programs in generalizing residential facility induced gains into the natural environment. (DB)

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Assessing Parent Training Utilizing A Behavioral Index of Parent-Child Interactions

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ABSTRACT

In a facility that provides 6 month inpatient treatment for managing psychotic and neurologically impaired children, a primary goal should be to focus on how to generalize and make more durable those gains made in such a facility to the child's home. The purpose of this study was to evaluate a procedure for measuring the effects of a training program for parents in the application of behavioral management techniques with their disturbed children.

Three sets of parents participated. Homevisits were made by the research team pre- and post training, consisting of three observers recording compliance rates for each parent as well as parent response to compliance and non-compliance during a structured and unstructured period of time.

Parents then participated in a group training program consisting of 10 highly structured sessions, including reading assignments, lectures, discussions, staff demonstrations, parent demonstrations, observing defined behaviors, recording baseline, implementing behavior modification techniques and measuring the degree of changed behavior. After completing this section, the three observers again returned to the home and collected data on parent-child interaction.

Pre-post training indicated that parents did learn the principles of behavior modification and could apply them. Compliance increased significantly for 2 of the 3 families and parent response to compliance showed an increase to positive response rather than no response. Parents definitely used more praise after training and did not have to repeat commands as frequently.

The present study clearly indicates that a parent-child interaction system can be a functional, efficient system to use in evaluating the effectiveness of parent training. Such a system exposes the unique strengths and weaknesses in each family thereby allowing for rapid intervention and facilitation of generalizing facility induced gains into the natural environment.

INTRODUCTION

It is generally accepted that the behavior of autistic, psychotic and neurologically impaired children can be modified to improve the functioning of the child by manipulation of his environment. Generally, the prognosis for such children in the home is poor and they typically require much support and treatment at considerable expense. However, in a facility that provides short term in-patient treatment for managing such children, a primary goal should be to focus on how to generalice and make more durable those gains made in such a facility to the child's home and school environment where he will live. Since parents can be trained to become behavior therapists for their own children, they can assume much of the responsibility for facilitating retention of the child in the home with support at the community level.

Most of the studies that deal with parent training are focused on a child or several children and generally deal with a few behaviors that are objectionable to parents (Hawkins, Peterson, Sweid, and Bijou, 1966; Kozloff, 1972; Wahler, 1969; Whaler, Wenkel, Peterson, and Morrison, 1969). Studies dealing with training parents with children in short-term residential centers are sparse (Brubakken and Derouin, 1973). A relatively recent review on training parents (Berkowitz and Graziano, 1972) cited 34 studies concerned with training parents with children of varying disorders and diagnoses. Their behavior varied from bedtime crying, temper tantrums, sleep-walking, hyperactivity and aggression to severe screaming, negativism, self-abuse, and incontinence. Berkowitz and

Graziano (1972) state that consistently few studies described the procedure they used for training parents, included no follow-up, and generally lacked systematic observation or record keeping. Very rarely did parents share the responsibility for collecting data or evaluating programs they enforced upon their child. Frequently outcome effects were based on treating one or two behaviors and did not assess whether parents could handle new problems as they arose. It was also pointed out that the present direction of research in the area is to focus not only on what the child is doing but rather on what the parent-child interaction system consist of.

The present study conducted in a short-term residential facility attempted to focus on overcoming several of these deficiencies by establishing a system for evaluating the effectiveness of a parent training procedure since it is essential that facility induced gains be generalized and maintained in the child's natural environment. Focusing on the parent-child interaction system rather than only the child's behavior would seem to provide one method of determining the global effectiveness of training parents as behavior therapists for their own children. In addition, a goal of the study was to teach parents specifically those skills necessary to facilitate the child's functioning in a home environment and to learn to devise treatment programs as well as collect data on their effectiveness.

METHOD

SUBJECTS

Three sets of parents participated in the study while their children were receiving short-term residential treatment at the Mendota Research Project for Psychotic and Neurologically Impaired Children. The children ranged in age from five to eight years. They were characterized by hyperactivity, temper tantrums, inappropriate social behaviors, little or no language, and a high frequency of stereotyped behavior. All these sets of parents in this study were of middle-socio economic class.

PROCEDURE

Data Collection

The procedure for collecting interactional data consisted of one home visit prior to the beginning of parent training. A second visit occurred after completion of the training series. The home visits were three hours long consisting of the following:

1. Three hour sample of the number of commands given by the mother and father and whether the child complied;
2. a 45 minute sample of the mother's response (15 defined) to the child's compliance and non-compliance and the same for the father;
3. administration of an adaptive Vineland Social Maturity Scale with demonstration items; and
4. the mother's and father's response to compliance and non-compliance, during the adaptive Vineland Social Maturity Scale.

The adapted Vineland (telling parents to "Have (child) do this" to 25 items), provided a structured situation in which parents were forced to interact with their child and gave data as to: 1) whether parents used requests, commands, or coaxed; 2) number of times a parent gave

instructions to complete a task; 3) number of words per time, and 4) contingencies (neutral, reinforce or threat of/or punish).

The parents were informed prior to the visit that observers would come into the home to collect data to measure the interactions between the identified patient and the parents. The parents were instructed to continue their normal living routine during the period of data collection except during the administration of the adapted Vineland. The period of observation was from 5:00 P.M. until 8:00 P.M. for all three families. The same observers went into the home for pre- and post training measures.

The following is the schedule for observations and data collection:

15 minutes:	Bring child into home, introduction of three observers, explanation of evening activities, settling time.
	Observer No. 1 begins an all session count of compliance.
45 minutes:	Observer No. 2 does compliance count and parents' reactions.
	Observer No. 3 does non-compliance count and parents' reactions.

Wait until family is ready for adapted Vineland.

Vineland	Observer No. 2 gives Vineland and records responses.
	Observer No. 3 does count of compliance and non-compliance and parents' responses.

Definitions

For observer No. 1, the following definitions were used:

1) Command: A command is any verbal or gestural message given by either parent directed at the child, with the intent of telling the child to do something. This could include bribes, threats, and requests (defined below) which are intended to tell a child to do something. The observer records mother's commands and father's commands separately on a counter. Each separate command is counted (e.g. If a parent tells Johnny to "come here" three times in sequence before he complies, that is counted as 3 commands).

2) Non-Compliance: Non-compliance is whenever the child does not begin to respond to his parents' command, (as defined above), within five seconds from when the command is given. If the parent repeats the command before the 5 seconds is up, this compliance trial is recorded as non-compliance. Any repetitions of a command will be considered as separate commands. Non-compliance is counted as each incident in which the child does not start to comply to his parents' commands, inappropriate requests, coaxes, threats, or bribes, within 5 seconds after the command is given. When the parent gives more than a one step command (e.g. Go to the bathroom, get your toothbrush, and brush your teeth), this is counted as one incident. The child need be non-compliant to only one of the steps to have the incident counted as non-compliance.

3) Compliance: Counted the same as non-compliance but the child must start to comply within 5 seconds to be counted as successful. (He does not have to complete the entire task, just approximate it). Also, the child must be compliant to, or approximate, all steps of a multi-step command to be counted as successful.

The observer counted the child's compliance and non-compliance to his mother, and the same to his father, separately on a counter.

For Observer No. 2 and 3 during the 45 minute session of compliance and non-compliance and parents' responses, and also observer 3 during the Vineland the following definitions are used:

1) Commands: The same as defined for observer No. 1, except that a 5 second lapse must occur between all commands. Any command which does occur within the 5 second lapse is counted as a "repeat," (defined below).

2) Non-Compliance: The same as defined for Observer No. 1.*

3) Compliance: The same as defined for Observer No. 1.*

* The observers had to wait to see if the child complied in order to record, as observer number 2 records only compliance counts, and observer number 3 records only non-compliance counts.

E.g. Mother gives a command. Child is non-compliant. Mother repeats commands and child complies. This is recorded as one non-compliance command for mother by observer No. 3, with repeat as mother's response to non-compliance. Observer No. 2 records one compliance count for mother, because the child responded to her repeat of command.

Parents' responses: After it has been determined whether or not the child complied, the parents' responses to either compliance or non-compliance were recorded. The possible responses are defined below.

1. Repeat: A repeat is a repetition of the original command within 5 seconds of the command. Repeats include a verbatim repetition of the command, the command stated in another form, a gesture intended to get the child to comply, as well as the child's name called to get the child to comply.

2. Punishment: Punishment is any physical aggression of the parents causing physical or emotional displeasure. This is generally used to control negative behavior.

3. Verbal Reinforcement: A verbal social reinforcement, such as praise, is labelled as verbal reinforcement.

4. Other Reinforcement: Other reinforcement is any response which increases the strength and frequency of the behavior it follows, such as hugs, edibles, and tokens.

5. No response: No response is when parents do not pay attention to a behavior yet was not obviously ignored.

6. Conscious Ignore: Ignoring is obviously or purposely paying no attention, verbally or physically, to a specific behavior, i.e. turning one's head on purpose.

7. Bribe or Threat: Bribes or threats are stating negative consequences of a behavior or encouraging a response by promising a reinforcement.

8. Shape: Shaping is breaking down a task into small steps and teaching each step in reverse sequence.

9. Prompt: A prompt is a word, physical gesture, or physical assistance designed to help a child complete a task.

10. Model: Modeling is demonstrating a behavior which will be observed and imitated by a child.

11. Rehearse to Success: Rehearse to success is requiring a child to repeat a behavior again and again until it matches your expectations.

12. Time out: Time out is the removal of a child from a situation in which he is being inappropriate to one in which there is no stimuli.

13. Stop the World: Stop the world is bringing the child's world to a complete halt until he complies or completes a apecific task required of him.

14. Incompatible behavior: Incompatible behavior is the encouragement of a behavior which cannot be done at the same time as a problem behavior occurs.

15. Other: Any response which occurs which cannot fit in any of the above categories.

For Observer 2 during the administration of the adapted Vineland Social Maturity Scale, the following procedure was used. Both parents were asked

to answer the questions on the adapted Vineland and both parents interacted with the child although the mother was asked to have the child do the demonstrations. This was an arbitrary decision on the part of the team but it was felt that one consistent person should introduce the 25 items. A standard way of approaching the parents when having them do a demonstration with their child was established. The observer would state: "Have (child) do this." This prevents the administrator of the Vineland from leading the parents into giving a command or request or at least provides standardization of it.

Training

The parent training programs consisted of the following:

1. Ten two hour, thirty minute highly structured group sessions. Sessions were held weekly for the first 5 weeks and then every other week for the last five sessions.

2. Structured lectures and discussions regarding the principles of behavior modification. A series of handouts which formed a manual was written to facilitate this section. Films and video-tapes were also used to demonstrate principles and specific techniques. Hypothetical case examples were used for parents to develop programs utilizing those techniques they had been learning. Examples of the case examples can be found in Appendix C. A list of resource materials used in preparation for the sessions is provided in Appendix D.

3. Staff demonstrations and modeling of specific programs which were being implemented with each child.

4. Parent demonstrations of the programs they were presently working on with their child when they went home on weekends.

5. Home assignments including observing defined behaviors, recording baselines, implementing behavior modification techniques, and measuring the degree of changed behavior as well as a series of assigned readings.

6. Follow-up sessions to assist the parents in further program development.

An outline of the sessions is provided in Appendix E which details those techniques taught as well as the sequence of instruction.

RESULTS

Family A

Graph Series I illustrates major pre-post parent-child interaction for family A, with the data collapsed for mother and father.

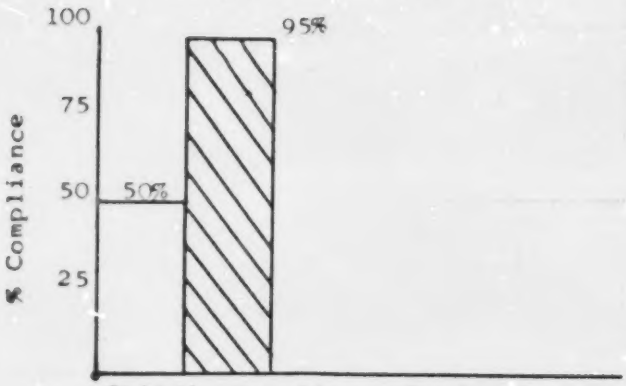
The child's compliance increased from 50% to 95% during structured sessions with the parents. The all session compliance (including unstructured times) increased from 54% to 78%. This compares with unit data of showing an increase from 83% to 95% over the same time. It appears that compliance did improve quite significantly for the parents and that it approximated the unit data more closely upon completion of the training indicating generalization from the Institute to the home. The number of repeats to the child dropped off from 78 to 4 and the frequency of bribing from 20 to 1 during the three hour sample. During the Vineland, the percentage of commands increased from 63% to 91%, while requests dropped from 23% to 7% and coaxes and pleads from 15% to 7%. The number of words per command dropped from 4.8 to 4 and the range from 2-11 to 1-7. Positive contingencies for Family A did not change significantly with most compliance not being reinforced. The use of threats or punishment dropped off completely.

Pretest

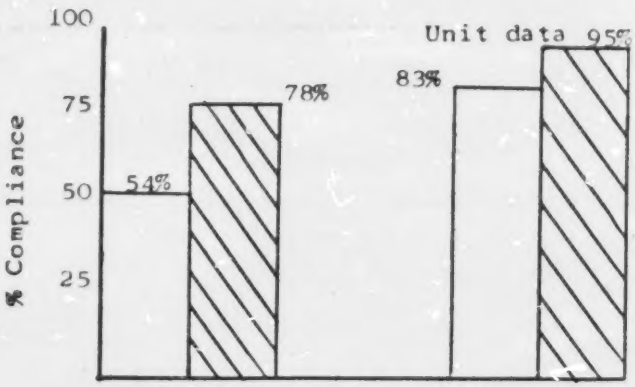
Post test

GRAPH SERIES I

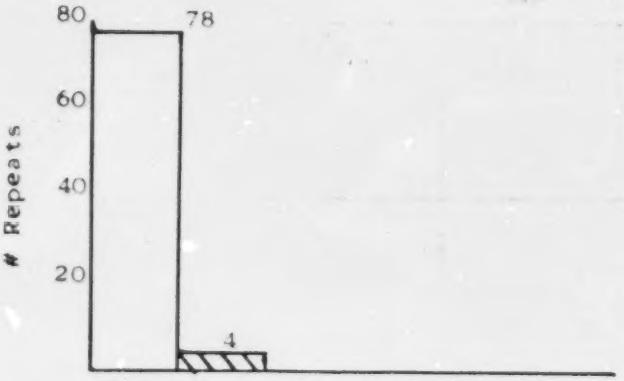
Family A



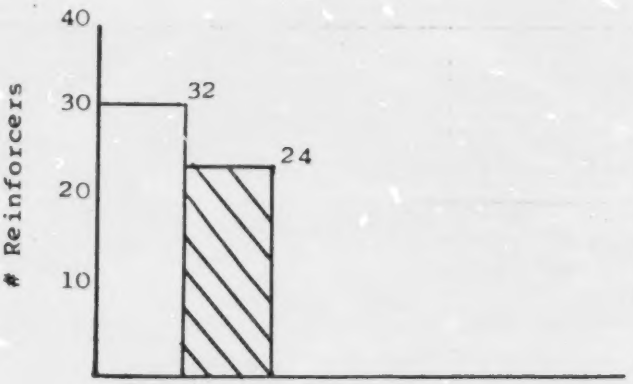
Child's Compliance During Structured Sessions



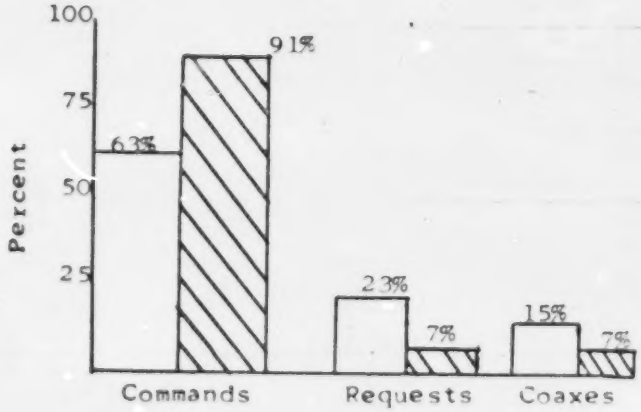
Child's Compliance for 3 hour sample



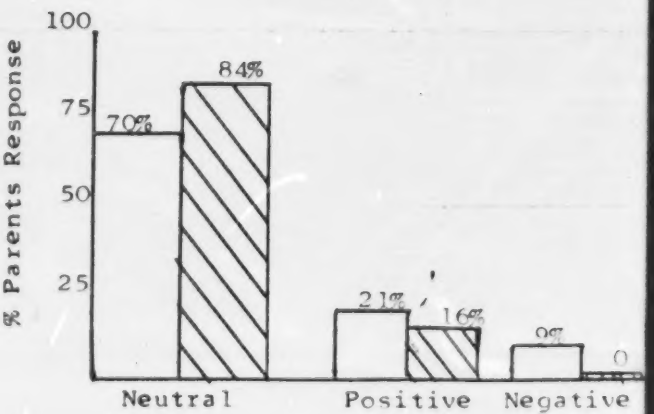
Frequency of Parents Repeating Commands



Frequency of Parents Reinforcing Child



Parents Use of Commands, Requests and Coaxes During Vineland



Parents Response, During Vineland, To Compliance and Non-compliance

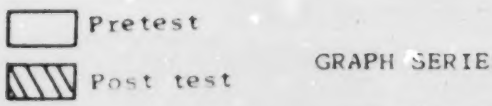
Family B

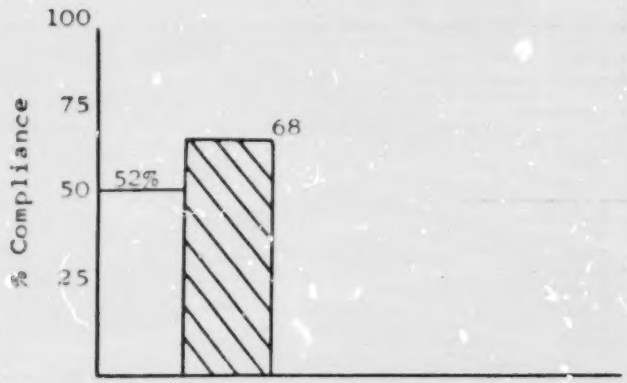
Graph series II illustrates major pre-post parent-child interactions with the data collapsed for mother and father.

The child's compliance increased from 52% to 68% during structured sessions but the all session compliance remained at around 45%. Unit data remained at around 88% during this same period. This boy was quite low functioning and was on approximately 22 extremely basic commands on the unit. His parents had not been taught these commands which would account for little increase in basic overall compliance. Training did however show an effect on the frequency of repeating commands with a drop from 110 to 25 during the sample session. Rather than repeat, the parents were appropriately using prompts and cues. The use of bribes was initially quite infrequent but dropped out completely. During the Vineland commands increased from 67% to 77% with requests showing a decrease from 27% to 20% as well as a complete disappearance of the use of coaxes or pleads. The number of words per command during the Vineland remained at 2.7 as did the range of 1-8 words. Positive contingencies increased from 16% to 26% while neutral contingencies or no response decreased from 84% to 74%. Family B used no threats or punishments during either the pre- or post training samples.

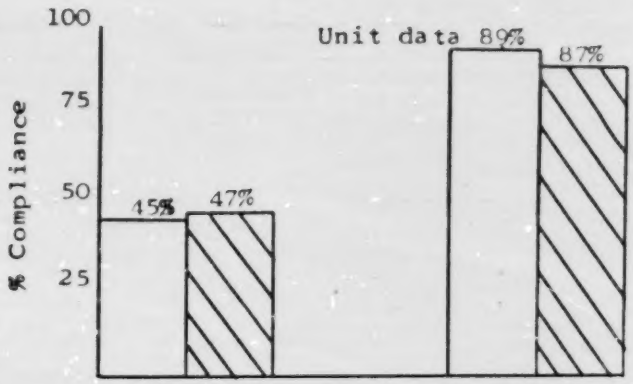
GRAPH SERIES II

Family B

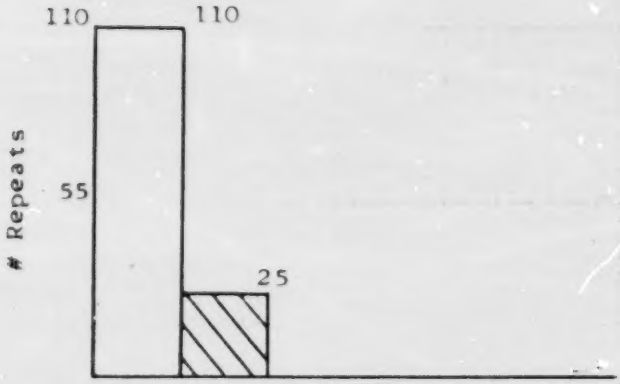




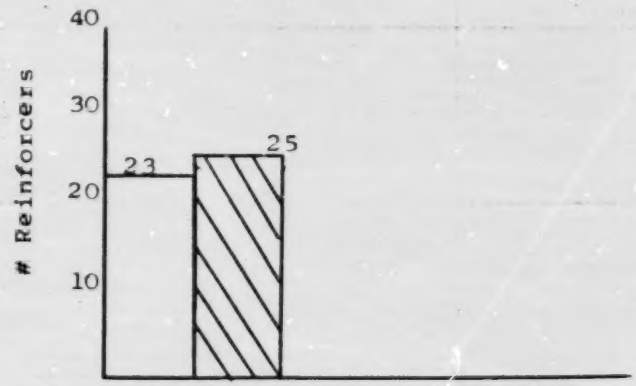
Child's Compliance During Structured Sessions



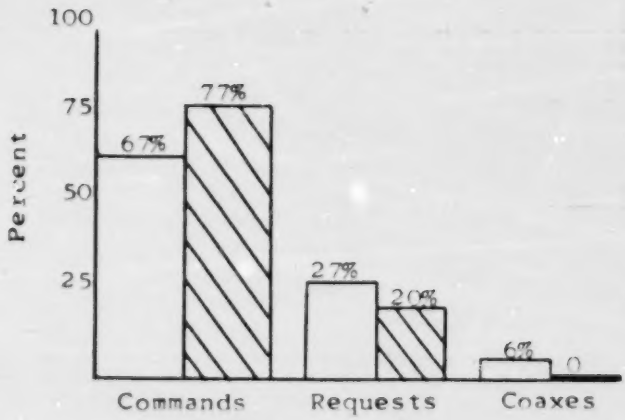
Child's Compliance for 3 hour Sample



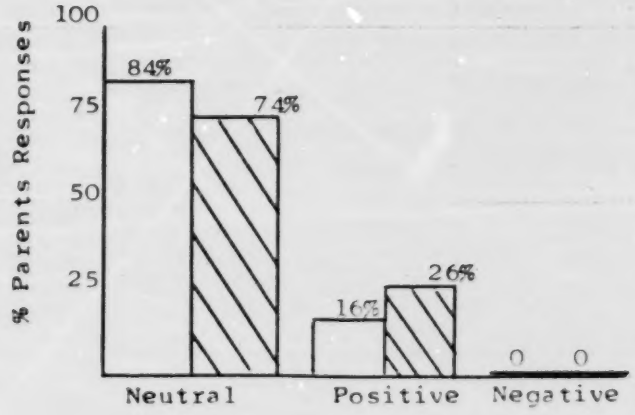
Frequency of Parents Repeating Commands



Frequency of Parents Reinforcing Child



Parents Use of Commands, Requests and Coaxes During Vineland



Parents Response to Compliance and Non-compliance During Vineland

Family C

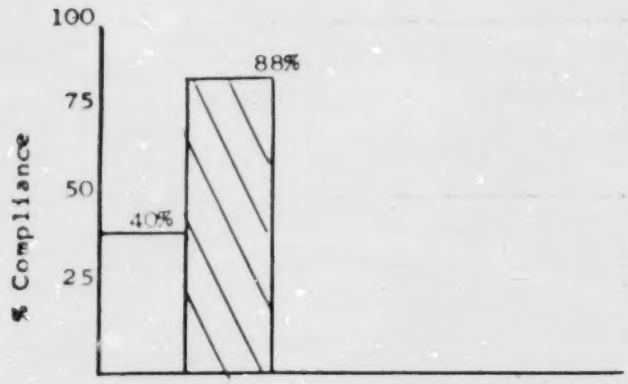
Graph series III illustrates major pre-post parent-child interactions with the data collapsed for mother and father.

The child's compliance increased from 40% to 88% during structured sessions but the compliance for the three hour visit decreased from 80% to 70%. Unit data was consistently high at 80% and increased to 85% during the same period. Repeats of commands decreased in frequency from 35 to 20 while the frequency of reinforcing compliance increased from 22 to 78 during the same period of time. While the frequency of using bribes or threats was never high, the parents used none during the post test. While the adapted Vineland was being administered, commands increased from 92% to 100% indicating that the parents were already quite good at the use of commands. They did shorten their length by one word (4.3 to 3.3) and the range went from 2-9 to 1-6 during the post test. Reinforcement for compliance showed a significant increase from 30% to 88% during the Vineland while neutral contingencies or no response decreased from 70% to 12%. It is apparent that this family's use of positive reinforcement correlates with an increase from 40% to 80% in compliance during structured sessions.

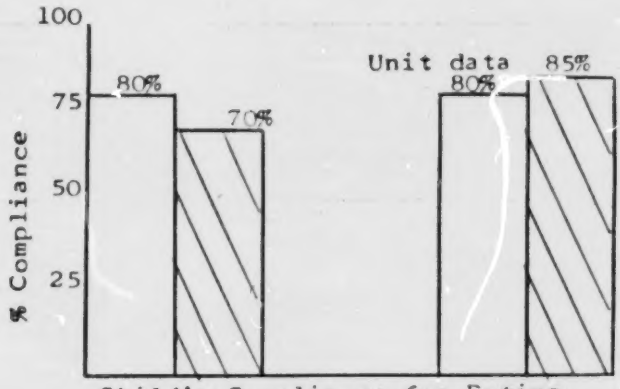
Pretest
Post test

GRAPH SERIES III

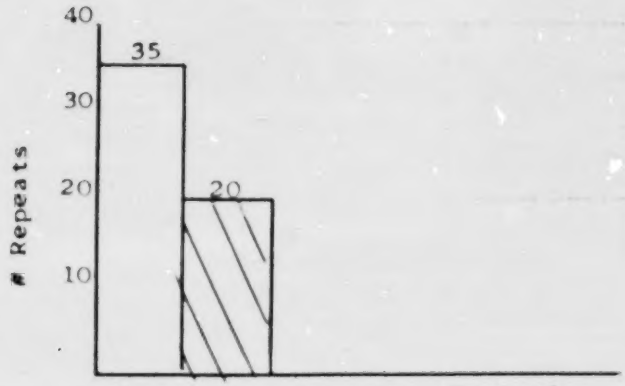
Family C



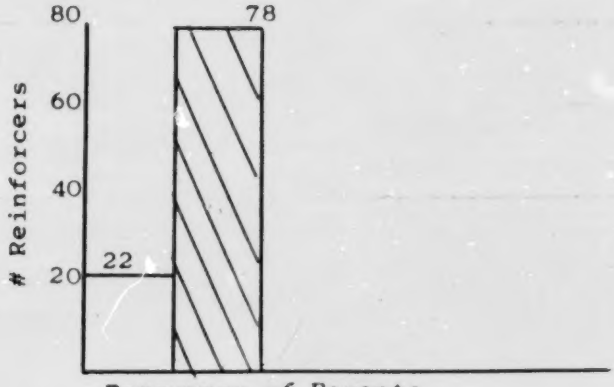
Child's Compliance During Structured Sessions



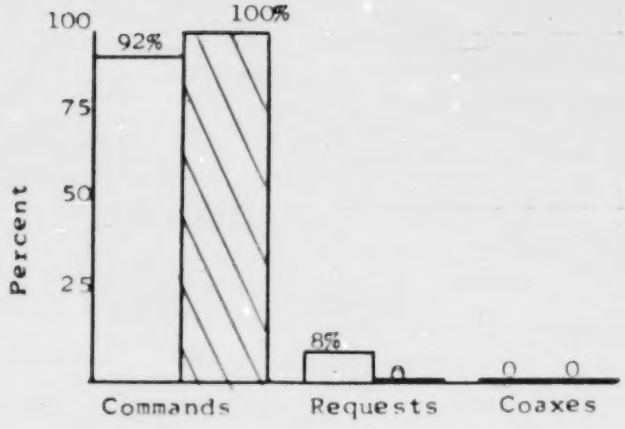
Child's Compliance for Entire Visit



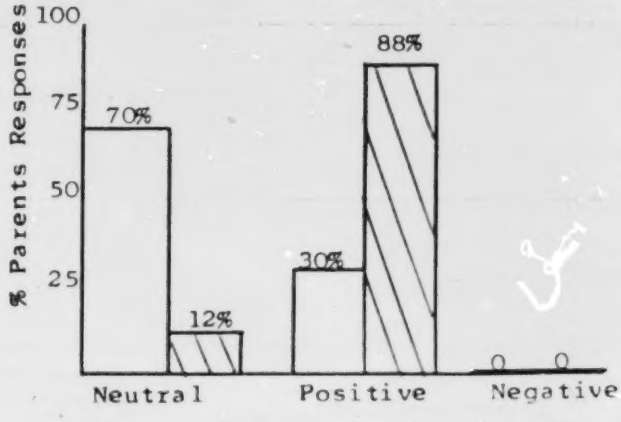
Frequency of Parents Repeating Commands



Frequency of Parents Reinforcing Child



Parents Use of Commands, Requests and Coaxes during Vineland



Parents Response to Compliance and Non-compliance During Vineland

DISCUSSION

It is apparent from the three cases presented that the parent-child interaction system provides valuable data as to the effectiveness of a training procedure in behavior modification for parents. All three families showed an improvement in compliance during structured sessions, bribing was significantly reduced or eliminated, repeats of commands were replaced with the use of prompts or cues, and the use of commands rather than requests or coaxes increased. The system also clearly accentuates the individuality of each family and each child. Families A, B, and C all reflect different positive results of the training program. The system also points to areas of deficiency in the training program. For instance, with Family B, one could go back and train them specifically in the use of the 22 very short commands that the child comprehends and has been trained on in the project thereby increasing the probability of success and more reinforcement in the home. At the same time, one can use the data as information for establishing an individualized supplement to the group program. If a family uses no positive reinforcement, possibly special training sessions could be held to deal specifically with this aspect of the parent-child interaction. If parents repeat before commands can be completed, they should be trained and receive practice in waiting for the child to have a chance to comply. The child-parent interaction system provides data to train parents in specific areas that will make generalization of skills acquired within the project more likely to transfer to the natural environment where the child will live. It also provides a system whereby parents can be taught behavioral management to assist them in future programming for their child.

In addition to supporting the concept of parent-child interactions as a means of assessing the effectiveness of parent training, the study also supports the concept that parents can easily participate in the recording and collecting of data and that in so doing, facilitates the process of becoming a skilled behavior therapist. All the families successfully learned to write treatment programs as well as devise means of monitoring their effectiveness. Unfortunately no follow-up has been conducted on two of the families but family A has successfully maintained their child in the home at in-hospital discharge base rates for aggression, temper tantrums, compliance, and bizarre mannerisms.

A study presently being conducted at the Institute calls for utilization of the parent-child interaction profile developed for this study being utilized for all children who are accepted into the project prior to admission, after completion of 10 on-ward or institute training sessions as in this study, and after a new section of 8 in-home training sessions where specific weaknesses obvious from the profile and not taught in the on-unit session can be trained. It also calls for the parent-child interaction profile to be administered every six months for two years following discharge. Hopefully, the expansion of research in this area will give clues as to what are the essential components to maintaining such difficult to manage children in the home with support available from local community agencies.

In summary, the present study clearly indicates that a parent-child interaction system can be a functional, efficient system to use in

evaluating the effectiveness of parent training. Such a system exposes the unique strengths and weaknesses in each family thereby allowing for rapid intervention and facilitation of generalizing facility induced gains into the natural environment.

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Wahler, R. G., Winkel, G. H., Peterson, R. F., and Morrison, D. C. Mothers as behavior therapists for their own children. Behavior Research and Therapy, 1965, 3, 113-124.

APPENDIX A

Non-compliance	Repeat	Punish	Verbal Reinfor.	Other Reinforc.	No Response	Ignore	Bribe/ Threat	Shape	Prompt	Model	Rehearse	T.O.S
Mother												
Father												

Child's Name

Observer

Time

Date

APPENDIX A

al for.	Other Reinforc.	No Response	Ignore	Bribe/ Threat	Shape	Prompt	Model	Rehearse	T.O.	S.T.W.	I.B.	Other

Child's Name	Time	Date
Observer		

APPENDIX B

Adapted Vineland Social Maturity Item

Marks with pencil or crayon.....1.10
(Amuses self with crayon or pencil for brief periods; marks up and down, side to side, or with circling motion without breaking point or tearing paper. Does so spontaneously or on request as a means of self-occupation.)

Parent Answer: _____
_____
_____

Circle Score: Yes Occasionally Can No No Opportunity

Would you have (child) mark with the pencil. Paper and pencil then handed to the mother.

(

Contingency

Parent Instruction	No. Times	No. Words Per Time	Neutral	Reinforce	Threat of, or Punish
Request					
Commands					
Coaxes, Pleads					

APPENDIX C

3 Case Examples

I. Jim is a 5 year old who refused to eat solid foods. When he was 2, when solid foods were being introduced to his diet, his family went through a major upheaval. His family attempted to wean him to solids but Jim temper tantrumed so frequently that they decided to wait awhile. Later attempts to introduce solids resulted in the same temper tantrum behavioral pattern. Jim is on the Autistic Unit and continues to eat only soft foods.

A. How would you define the problem behavior?

B. What observational (counting) procedures are required?

C. Is it necessary to collect baseline data?

D. What technique might be employed in treatment?
1. Is time-out appropriate?
2. Is modeling appropriate?
3. Is rehearse to success appropriate?

E. What could you use as reinforcement?

II. Grace, age 7, is a youngster on the Autistic Unit. Grace's parents are concerned by what they label as toe-walking behavior. Toe-walking is a fairly stereotypic behavior which results with a child walking or running on tip-toes, not with both heel and toe touching the ground, as is considered normal. Grace is more withdrawn and rigid than most of the children on the unit. Reinforcers are: Kool-aid and marshmallows.

A. When would you observe the behavior?
1. How would you record the observation?

B. What techniques would you employ in treatment?
1. Shaping?
2. Ignore?
3. Stop the world?
4. Would your treatment program run all day?
5. For limited time periods during the day? Say from 8:30-9:30 a.m. and 4-5 p.m.?

C. What would you want to be cautious of in designing the treatment program?

D. What would you reinforce?
1. How would you reinforce?
2. How frequently would you reinforce?

III. Mr. and Mrs. G. are the parents of a two year old daughter Janice. Janice is an only child, although Mrs. G. is now in the early months of her second pregnancy.

The problem for which the G. family sought help is that Janice is not developing at a "normal" rate. At age 18 months she was not crawling or making efforts at walking. An evaluation at University Hospitals resulted in a diagnosis of "slow". At age 22 months, Janice's social and language skills were at the 18 month level and her fine and gross motor skills at the 12 month level.

The staff decided that it might be helpful to the G. family if they learned the behavior modification method of treatment early in Janice's development so that they could deal with later problems. The G. family chose a relatively simple behavior to concentrate on--eye contact. Janice was to make eye contact with a person speaking directly to her at a distance of no more than three feet for at least two seconds. Janice does not respond to social reinforcement (e.g. praise, hugs, smiles, etc.). It is undetermined as to what non-social reinforcements are meaningful to Janice.

A. What would be an appropriate monitoring (counting) procedure?

B. Devise a treatment plan.

C. How many time periods per day would be appropriate for an adequate treatment program?

D. What are the problems involved in a treatment program that concentrate on a few time intervals in a day rather than all day?
   1. How might you overcome these problems?

E. How do you determine what is reinforcing to Janice?
   1. What happens if only one thing (M & M's) is reinforcing to Janice?

APPENDIX D

Parent Training Materials

1. Parents are Teachers, A child management program, Wesley C. Becker, Research Press Company.

2. New Tools for Changing Behavior, Alvin N. Deibert and Alice J. Harmon, Research Press Company.

3. Managing Behavior, R. Vance Hall, Books 1, 2, 3, H & H Enterprises, Inc. P.O. Box 3342, Lawrence, Ks. 66044.

4. Families, Applications of Social Learning to Family Life, Gerald R. Patterson, Research Press Company, 2612 North Mattis Avenue, Champaign, Illinois, 61820.

5. Living with Children, Gerald R. Patterson, Research Press Company.

6. Child Management, A Program for Parents and Teachers, Judith M. Smith, and Donald E. P. Smith, The University of Michigan, Learning Programs Engineered to Behavioral Specification, Ann Arbor Publishers, 611 Church, Ann Arbor, Michigan, 48104.

7. Teaching language to children with behavioral disorders. Libertyville, Illinois, Behavior Modification Technology, Inc.*

8. Teaching self-help skills to children with behavioral disorders. Libertyville, Illinois, Behavior Modification Technology, Inc.*

* 16mm films made from video tape.

APPENDIX E

OUTLINE OF SESSIONS

1. First Session - September 6

   A. General Orientation - A brief meeting with the parents and staff.
   B. Objectives of the Course - General Discussion
   C. Demonstrations -
      The staff will demonstrate each child working in a structured activity.
   D. Defining behaviors -
      1. Why defining behaviors is important.
      2. How to define behaviors.

   * Assignment: Think of a behavior of one of your children, yourself or your spouse that you would like to observe, count and modify.

2. Second Session - September 13

   A. Discussion of defined behaviors.
   B. Observing -
      1. How to observe behaviors (antecedents, consequences).
      2. When to observe.
      3. Why observe?
   C. Baselines -
      1. What is a baseline?
      2. Why take baselines? (Before and after counts)
      3. How long should baselines be?
      4. What do baselines tell us?
      5. What to do during baselines?
   D. Graphing -
      1. How to graph.
      2. Why graph?

   * Assignment: Take baseline and graph baseline of defined behavior.

3. Third Session - September 20

   A. General discussion and presentation of the following:
      1. Social Learning
      2. Setting Limits
      3. Consistency
      4. Reinforcement
         a. Kinds of reinforcement (social and non-social).
         b. Pairing of reinforcement.
         c. When to reinforce.
      5. Punishment and incompatible behaviors.
         a. Advantages and disadvantages of punishment.
         b. What are incompatible behaviors?
         c. How to use incompatible behaviors?

6. Ignore
7. Time-out
8. Stop-the-World

* Assignment: Implement a treatment program with the defined behavior and continue the count.

4. Fourth Session - September 27

A. Discussion of the programs the parents are implementing with use of overhead projector.
B. Discussion of the following treatment techniques:
   1. Request vs. Command
   2. Shaping
   3. Cueing
   4. Prompting
C. Film - Luke Watson's film on shaping, cueing and prompting with dressing skills.

* Assignment: Continue treatment program.

5. Fifth Session - October 4

A. Discussion of the following treatment techniques:
   1. Modeling
   2. Rehearse to success
   3. Reinforcement
      a. Schedules of reinforcement.
      b. What to do when nothing seems to be reinforcing.
B. **Demonstrations**
   Staff will demonstrate a program designed to teach each child a positive behavior.
C. Discussion of demonstrations.
D. Data collection procedures of above programs discussed and explained.

* Assignment: Children will go home for a three day home visit. Implement program while child is at home and keep data. Continue first treatment program, if appropriate.

6. Sixth Session - October 18

A. Demonstrations
   Each parent will demonstrate the program that they have been doing with their child.
B. Discussion of demonstrations.
C. Group Discussion - Present program on compliance baseline and how to count.

* Assignment: Children will go home for a three day home visit. Take baseline on compliance while child is at home, keep data, and graph data. Continue first treatment program if appropriate.

7. Seventh Session - November 1

   A. General Discussion -
      Discussion on time-out and reinforcement as techniques to use for compliance program.
   B. Discussion of Case Examples.
   C. Open Discussion

   * Assignment: Children will go home for a three day home visit. Implement compliance treatment program while child is at home, keep data, and graph data. Continue first treatment program if appropriate.

8. Eighth Session - November 15

   A. General discussion and presentation (using overhead projector) of programs parents are implementing at home.
   B. Film - Luke Watson's film on Language Development.

   * Assignment: Continue treatment programs.

9. Ninth Session - November 29

   A. Film - "WHO DID WHAT TO WHOM"
   B. Discussion of Case Examples.
   C. Open Discussion

10. Tenth Session - December 13

   A. General Discussion.
   B. Wrap-up Session, Feedback.